

## EXAMPLE FD CASE PRESENTATION

# Patient X

**Endodontic Case example**

**Milestone 2**

# History

Reason for Attendance

Presenting complaint

History of presenting complaint

# Medical History

- Cardiovascular
- Respiratory
- Gastrointestinal system
- Kidney
- Liver
- Endocrine
- Musculoskeletal
- Nervous system
- Blood
- Allergies

## Medications list:-

# Social History

- Alcohol consumption
- Smoking quantity per day
- Employment/hobbies

# Dental History / Social History

- Attendance
- OH
- Diet
- Alcohol
- Smoking
- Employment

# Special Investigations

- Diagnosis of tooth to be endodontically treated

- Radiographs

BWs

PA tooth to be endodontically treated **PRE, WL** and **POST**  
treatment

Please include:-

- Justification
- Quality assessment
- Diagnosis/Pathology

# Special Investigations

- Clinical photographs

Pre-Operative Photographs

5 images suggested

1 Anterior view

2 lateral views

2 Intraoral views Upper and Lower arch

- **DIAGNOSIS** *of tooth being endodontically treated*
- **TREATMENT OPTIONS** *for tooth being endodontically treated*
- **TREATMENT PLAN** *for tooth being endodontically treated*
- **TREATMENT UNDERTAKEN**
  - Endodontic treatment
  - System/technique used
  - Materials used to obturate
  - Suitable restoration post treatment
- **REVIEW OF PATIENT IF APPLICABLE**

# Reflection

- Treatment
- Patient Management
- Team working
- Future Practice

Surname: ..... Forename(s): ..... Date of Birth: _ _ - - - - - Patient ID Number _ _ - - - - -	<b>Practice Stamp</b>
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## PATIENT CONSENT TO PHOTOGRAPHY / VIDEO RECORDING

This form gives my consent to be photographed, filmed or recorded (the "material") as indicated below. I understand if I do not wish to be photographed, filmed, or recorded, my decision will be respected. I am able to change my decision at any time and this decision will have no bearing on any treatment or care that I need.

I confirm it has been explained to me, in terms I have understood, how the material could be used.

I understand the material has educational value – if I consent to level 4, this means it could be used in training clinical staff for research or published in different media **anywhere in the world**. I understand that this means it may also be seen by the general public. Every effort will be made to conceal my identity but this cannot be completely guaranteed.)

I can see the material by arrangement with the clinician involved in my care.

I understand that no fee is payable to me by the above dental practice or any other person, in respect of the material either now or in the future.

**I CONSENT to the material being part of my medical record AND USED FOR TEACHING, PRESENTATION AT CONFERENCES, OR MADE AVAILABLE ON WEBSITES AND IN PUBLICATIONS.**

Signature: ..... (Patient / Guardian - *please circle*)  
Print Name: ..... Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Consent form

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